

2004 Shuttle Reservation Form
Maximum Number of Shuttle Tickets Per Fax: 8

INDIVIDUAL PLACING REQUEST _____ CLIENT'S NAME _____

ADDRESS WHERE TO SEND CONFIRMATION AND TICKETS:

RETURN PHONE #: _____

RETURN FAX #: _____

CREDIT CARD #: _____

EXP. DATE: _____

CARDHOLDER'S NAME AS PRINTED ON CARD
*** CARDHOLDER'S SIGNATURE REQUIRED BELOW ***

THE NATIONAL PARK SERVICE ENTRANCE FEE WILL BE CHARGED TO YOUR RESERVATION. THE ENTRANCE FEE IS VALID FOR SEVEN CONSECUTIVE DAYS. IF YOUR RESERVATION IS FOR MORE THAN SEVEN CONSECUTIVE DAYS OF TRAVEL/CAMPING YOU WILL BE CHARGED THE APPROPRIATE FEES TO COVER THE DURATION OF THE RESERVATION.

IF YOU HAVE A PARK PASS, PLEASE INDICATE PASS TYPE AND NUMBER BELOW
PASS NUMBER _____ PASS TYPE _____

ENTRANCE FEES: \$5.00 PER PERSON \$10.00 PER FAMILY (MAXIMUM OF 8 PEOPLE)

<u>DATE OF SHUTTLE REQUEST</u>			<u>DEPARTURE TIME REQUESTED</u>		
1 st	2 nd	3 rd	1 st	2 nd	3 rd
Circle Destination: Toklat (6hrs) Eielson (8hrs) Wonder Lake (11 hrs)			Kantishna (13hrs) Camper Bus		
(APPROXIMATE ROUND-TRIP LENGTH)					
WHEELCHAIR/BIKE ACCESSIBLE BUS REQUIRED?			YES NO		
# OF WHEELCHAIRS/BIKES: _____					

PASSENGER NAMES & AGES REQUIRED (MAXIMUM OF 8 TICKETS PER FAX)

1. _____ AGE _____	5. _____ AGE _____
2. _____ AGE _____	6. _____ AGE _____
3. _____ AGE _____	7. _____ AGE _____
4. _____ AGE _____	8. _____ AGE _____

\$4.00 FEE PER CHANGE/CANCEL FOR EACH SHUTTLE TICKET AND CAMPSITE AFFECTED. NOTIFICATION OF CHANGES/CANCELS REQUIRED AT LEAST 2 HRS PRIOR TO SHUTTLE DEPARTURE, OR FOR CAMPGROUNDS BY 6:00PM DAY OF ARRIVAL. THIS APPLIES TO **ALL** CANCELLATIONS AND CHANGES, BUT NOT LIMITED TO DATE CHANGES, TIME CHANGES, DESTINATION CHANGES, AND PASSENGER NAME CHANGES.

I HAVE READ AND UNDERSTAND THE ABOVE CANCEL/CHANGE POLICY. I APPROVE USE OF MY ABOVE NOTED CREDIT CARD FOR PAYMENT OF MY REQUESTED RESERVATION.

SIGNATURE REQUIRED TO PROCESS ANY RESERVATION REQUESTS

CARDHOLDERS SIGNATURE: _____ DATE: _____
